



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

The Purpose of this  
Newsletter

To improve communica-  
tion between home visit-  
ing programs and stake-  
holders:

- To increase awareness about key issues in early childhood and home visiting
- To provide a platform for information sharing among home visiting organizations, professionals, and stakeholders regarding home visiting in Idaho

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# Maternal, Infant, and Early Childhood Home Visiting in Idaho

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## MIECHV Program Contractor Orientation

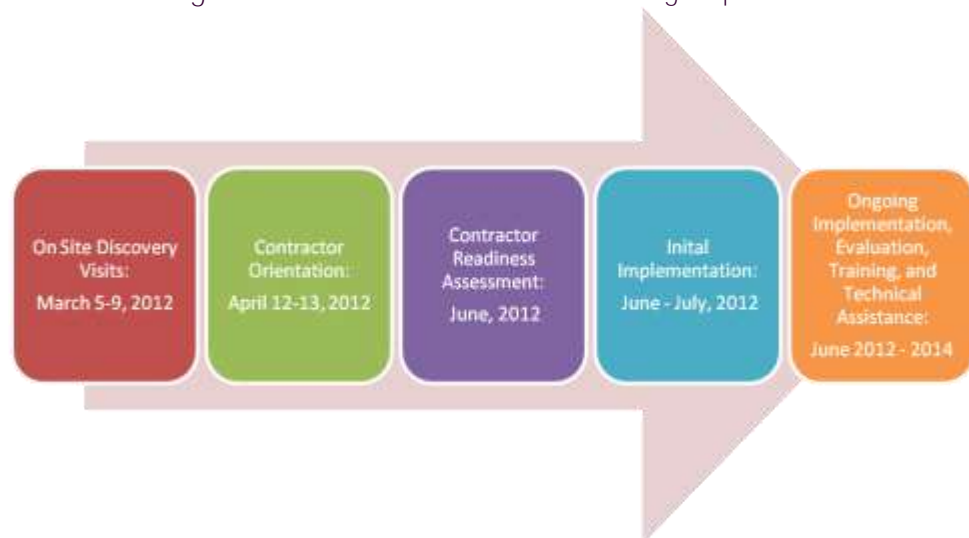
Between February and April 2012, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program established contracts with local agencies in four target counties to provide the MIECHV program in the local communities. Each local agency is charged to implement a specific evidence-based home visiting program and improve coordination of services within their community. The implementing agencies are:

- Twin Falls and Jerome Counties:
  - Community Council of Idaho: Early Head Start Home-Based (Approx. 18 Families)
- Kootenai and Shoshone Counties:
  - Mountain States Group: Early Head Start Home-Based (Approx. 11 Families)
  - **St. Vincent de Paul's ICARE: Parents as Teachers (Approx. 30-40 Families)**
  - Panhandle Health District: Nurse-Family Partnership (Approx. 50 Families)

Agencies were allowed four months for pre-implementation planning and preparation for delivery of each evidence-based home visiting program. During the pre-implementation planning phase, local agencies advanced plans and participated in MIECHV program activities, including MIECHV program orientation in Boise on April 12-13<sup>th</sup>.

At the MIECHV program orientation, state program personnel were joined by local agency staff for a day-and-a-half to build a foundation of shared common understanding of MIECHV program expectations. The orientation focused on topics to inform and guide pre-implementation planning and implementation including reporting and documentation; monitoring and continuous quality improvement; policies and procedures; cost, billing, and cost analysis; community collaboration and partnerships; and data collection requirements. Several partners, including Maternal and Child Health (Title V), Early Childhood Coordinating Council, Idaho Coalition Against Sexual and Domestic Violence, Substance Abuse Prevention and Intervention, Infant Toddler Program, Child Welfare, and the Idaho Association for Infant and Early Childhood Mental Health (also known as AIM Early Idaho), presented information on each of their programs and areas of expertise.

## MIECHV Program: Evidence-Based Home Visiting Implementation Phases



## Meet the MIECHV Program Staff



Jacquie Daniel-Watson

Maternal and Child Health  
Program Manager



Laura DeBoer-Alfani

MIECHV Program Manager



Lachelle Smith, MPP

AmeriCorps VISTA  
Volunteer

## Trainings and Educational Opportunities

Below are a few optional upcoming training and educational opportunities locally and nationally that may be of interest to you. Home visiting requires diverse skills to build relationships with families and facilitate participant empowerment and nurturing parenting. The trainings below reflect cross-discipline trainings that may provide critical skills for home visitors or home visiting organizations. *Listed trainings are for informational purposes and may not include all available and relevant trainings.*

- Strengthening Families Training, July 9th, 9am - 2pm, Pocatello. [This training](#) offered through IdahoSTARS will help participants learn strategies to strengthen families in order to prevent child abuse and neglect.
- The Academy of Pediatrics with funding from the U.S. Department of Justice, is presenting a webinar entitled, *"I think this Child has been Abused: Being Prepared for What to do Next,"* on July 19 at 11 am MDT. Click [here](#) to register.
- 17th Annual Conference on Advancing School Mental Health, October 25-27, Salt Lake City, Utah. The theme of the [Conference](#) is "School Mental Health: Promoting Positive Outcomes for Students, Families, Schools, and Communities."
- Early Years Conference November 13-14<sup>th</sup>, Boise. **This year's theme is *The Roots of Success* and will focus on school readiness and maximizing your child's potential. More details to come.**
- Honor Our Voices is a free [online learning module](#) that presents domestic violence issues through the eyes and voices of children to increase the awareness and sensitivity to the needs of children and suggest promising ways of enhancing services for children exposed to domestic violence. Included in this learning module are a [downloadable guide for practice](#) and a digital library of [short audio programs](#) that highlight specific promising practices through the voices of children.

## Local Agency Profile

### St. Vincent de Paul's ICARE: Parents as Teachers

St. Vincent de Paul's ICARE will be implementing the Parents as Teachers evidence-based home visiting program in Kootenai and Shoshone counties through the MIECHV program. ICARE is a non-profit, child abuse prevention agency serving Kootenai county since 1992. In October 2008, ICARE merged with St. Vincent de Paul, Kootenai county's largest social service provider. The ICARE program of St. Vincent de Paul North Idaho partners with parents to build stronger families. Their goal is to reduce the risk factors that challenge families today.



ICARE offers an array of best practice parenting classes, including Nurturing Parenting, Nurturing Fathers, and home visiting services using the Parents as Teachers model. Parents as Teachers is an evidence-based home visiting model providing a broad context of parenting education and family support and building protective factors, especially for those families in vulnerable situations. Parents as Teachers certified parent educators provide a series of individualized home visits to meet the needs of specific high risk families. At its core, Parents as Teachers is relationship-based and parenting-focused. There is a focus and emphasis on parent-child interaction, development-centered parenting, and family well-being; on strengths, capabilities, and skills; and on building protective factors within the family.



## Partner Agency Profile

### **The Idaho Children's Trust Fund (ICTF)**

The Idaho Legislature created the Idaho Children's Trust Fund in 1985 to prevent child abuse and neglect before these events ever happen in children and families' lives. Under the direction of an independent board and with the assistance of three staff (executive director, program developer, and office specialist), the ICTF provides funding, training, and technical assistance to agencies and programs throughout the state that work to strengthen families to prevent child abuse and neglect. While located within state government, the ICTF is a unique public-private partnership, receiving no state general funds. The Trust Fund receives funding from two sources: a federal grant earmarked for the child abuse prevention agency in every state and private donations from individuals and businesses.

The ICTF coordinates statewide awareness activities and brings together parents, practitioners and other community members to share and to learn best practices for prevention of child abuse and neglect. The ICTF works with public and non-profit organizations to integrate prevention into all efforts that impact the lives of families and children. In the Treasure Valley, the ICTF, in collaboration with the YMCA, is building an initiative to train over 22,000 adults to become Stewards of Children in order to prevent child sexual abuse. The ICTF sees home visitation as a key prevention strategy and is excited about the possibilities offered by the MIECHV program.

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## Data Collection Overview

The MIECHV program will collect and evaluate a robust amount of participant and program information and data in six specific areas, outlined briefly below. Data will be collected according to HIPAA standards and with consent from all.

1. Maternal and Infant Health: includes areas such as prenatal care, parental use of tobacco, post-partum depression screening, and breastfeeding
2. Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of Emergency Department Visits: includes areas such as maternal and child visits to the emergency department, suspected or substantiated maltreatment, and injury prevention education
3. Improvement in School Readiness and Achievement: includes areas such as parent knowledge of child development, parental emotional well-being, child cognitive skills, and **child's physical health and development**
4. Domestic Violence: includes areas such as domestic violence screening, referrals made for families identified with domestic violence, and safety planning
5. Family Economic Self-Sufficiency: includes areas such as household income and benefits, education of adults in the household, and health insurance status
6. Coordination and Referrals for Other Community Resources and Support: includes areas such as families identified for necessary services, memoranda of understanding (MOUs) within community service agencies, and completed referrals

*We welcome feedback, comments, and suggestions.*

### **We'd love to hear from you!**

Do you have a story you want to share about a local home visiting program?

Do you have a question related to home visiting you would like answered?

Is there a topic you would like to see this newsletter address?

Other suggestions for the newsletter?

Send your items to  
Diane Prince at  
[princd@dhw.idaho.gov](mailto:princd@dhw.idaho.gov).

## *Benchmark Highlight: Maternal and Infant Health*

### **Why Maternal, Infant, and Child Health?**

As adapted from the Healthy People 2020 Initiative. (Retrieved from [Healthypeople.gov](http://Healthypeople.gov) on 4-26-12 and [A Life Course Perspective](#) on 4-30-2012).

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.

Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include: hypertension and heart disease, diabetes, depression, genetic conditions, sexually transmitted diseases (STDs), tobacco use and alcohol abuse, inadequate nutrition, and unhealthy weight.

The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) health and wellness care. Healthy birth outcomes, early identification, and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.

Many factors can affect pregnancy and childbirth, including: health status before pregnancy, age, access to appropriate health care, and poverty. Infant and child health are also influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers.

**Recent efforts to address persistent disparities in maternal, infant, and child health have employed a “life course” perspective to health promotion and disease prevention. In 2010, fewer than half of all pregnancies were planned.** Unintended pregnancy is associated with a host of public health concerns. In response, preconception and interconception health initiatives have been aimed at improving the health of a woman *before* she becomes pregnant through a variety of evidence-based interventions, such as evidence-based home visiting.

The life course perspective is an approach to conceptualizing health care needs and planning services considering a number of influences of health and health outcomes:

- Influence of historical changes on human behavior,
- Linkages between childhood and adolescent experiences and later experiences in adulthood,
- Nature of human interdependency,
- Family is the primary arena for experiencing and interpreting the wider social world, and
- Timing of life events in terms of chronological, biological, psychological, and social age.

The interplay of risk and protective factors, such as socioeconomic status, toxic environmental exposures, **health behaviors, stress, and nutrition, influence health throughout one's lifetime.** Home visiting as an evidence-based intervention creates space to address risk factors and encourage protective factors through an intergenerational, relationship-based experience for young children and their families.

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